AF/213/

| In Re Appli                                                                                                                                                                                           | cation of <u>Vance C. Bjorn</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | prney l                                                                                                                                                                                  | Docket No.:                                       | 003022.P019X                                                                                       |  |
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| Application Number 09/707,417 NOV 2 3 2004                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| Filed N                                                                                                                                                                                               | ovember 6, 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOV 72 3 2004                                                                                                                                                                            |                                                   |                                                                                                    |  |
| For A Me                                                                                                                                                                                              | thod And Apparatus For Usin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ng A Third Party Authentication                                                                                                                                                          | Server                                            |                                                                                                    |  |
| Group Art U                                                                                                                                                                                           | Jnit: <u>2131</u> Ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | caminer:Aravind K. Moorthy                                                                                                                                                               | _                                                 |                                                                                                    |  |
| Address to:                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| P.O. Box 14                                                                                                                                                                                           | ONER FOR PATENTS<br>450<br>Virginia 22313-1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| Applicant he                                                                                                                                                                                          | ereby <b>appeals</b> to the Board o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | of Patent Appeals and Interfere                                                                                                                                                          | nces from the last                                | decision of the examiner.                                                                          |  |
| The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$_340.00_                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| [ ] Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          | \$                                                |                                                                                                    |  |
| [X] A                                                                                                                                                                                                 | ] A check in the amount of the fee is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| [ ] P                                                                                                                                                                                                 | [ ] Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| [ ] The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| [X] The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u> . I have enclosed a duplicate copy of this sheet. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| [ ] A                                                                                                                                                                                                 | [ ] A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                   |                                                                                                    |  |
| I am the                                                                                                                                                                                              | 3li4/i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                          | het                                               |                                                                                                    |  |
| L                                                                                                                                                                                                     | ] applicant/inventor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | he entire interest<br>ement under 37 CFR 3.73(b)                                                                                                                                         | 1                                                 | Signature                                                                                          |  |
| C                                                                                                                                                                                                     | assignee of record of the<br>See 37 CFR 3.71, State<br>is enclosed. (Form PTe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | O/SB/96)                                                                                                                                                                                 |                                                   |                                                                                                    |  |
| ]<br>]                                                                                                                                                                                                | See 37 CFR 3.71, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                                                                                        | Judith A. Szep<br>Type                            | esi<br>d or printed name                                                                           |  |
| [                                                                                                                                                                                                     | See 37 CFR 3.71, State is enclosed. (Form PTG X) attorney or agent of recommendations attorney or agent acting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                                                                                                                        | Туре                                              |                                                                                                    |  |
| [<br>NOTE: Sig                                                                                                                                                                                        | See 37 CFR 3.71, State is enclosed. (Form PTG X) attorney or agent of recommendation attorney or agent acting Registration number in the second control of | cord<br>g under 37 CFR 1.34(a).<br>f acting under 37 CFR 1.34(a)                                                                                                                         | Type 39,393 (Reg. No.) tire interest of their     | d or printed name                                                                                  |  |
| NOTE: Sig<br>Submit muli                                                                                                                                                                              | See 37 CFR 3.71, State is enclosed. (Form PTG X) attorney or agent of recommendation attorney or agent acting Registration number in the second control of | g under 37 CFR 1.34(a). f acting under 37 CFR 1.34(a) assignees of record of the entignature is required, see below                                                                      | Type 39,393 (Reg. No.) tire interest of their     | d or printed name  ////// // Date                                                                  |  |
| NOTE: Sig<br>Submit mult                                                                                                                                                                              | See 37 CFR 3.71, State is enclosed. (Form PTG X) attorney or agent of recommendation attorney or agent acting Registration number in the forms if more than one situated of 1 forms are submitted that this correspondence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | g under 37 CFR 1.34(a).  f acting under 37 CFR 1.34(a)  assignees of record of the entignature is required, see below  ted  is being deposited with the Un                               | Type: 39,393 (Reg. No.) ire interest of their *.  | d or printed name  ////7/04  Date                                                                  |  |
| NOTE: Sig<br>Submit multi<br>[ X ] *Tot<br>  hereby cer<br>  as first class                                                                                                                           | See 37 CFR 3.71, State is enclosed. (Form PTG X ] attorney or agent of recommendation attorney or agent acting Registration number in the second process and the second process and the second process and the second process and the second process are submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | g under 37 CFR 1.34(a).  f acting under 37 CFR 1.34(a)  assignees of record of the entignature is required, see below  ted  is being deposited with the Unseed to: Commissioner for Pate | Type: 39,393 (Reg. No.) ire interest of their *.  | Date representative(s) are required.  Service with sufficient postage 0, Alexandria, VA 22313-1450 |  |
| NOTE: Sig<br>Submit multi<br>[ X ] *Tot<br>  hereby cer<br>  as first class                                                                                                                           | See 37 CFR 3.71, State is enclosed. (Form PTG X ] attorney or agent of red Registration number it natures of all the inventors or tiple forms if more than one site all of _1 forms are submitted that this correspondence is mail in an envelope address Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | g under 37 CFR 1.34(a).  f acting under 37 CFR 1.34(a)  assignees of record of the entignature is required, see below  ted  is being deposited with the Unseed to: Commissioner for Pate | Type 39,393 (Reg. No.) tire interest of their /*. | Date representative(s) are required.  Service with sufficient postage 0, Alexandria, VA 22313-1450 |  |